

County: Marathon  
CONTINENTAL MANOR  
600 EAST ELM STREET

Facility ID: 2380

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ABBOTSFORD 54405 Phone: (715) 223-2359  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 60  
Total Licensed Bed Capacity (12/31/01): 60  
Number of Residents on 12/31/01: 60

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 60

Corporation  
Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.7
Supp. Home Care-Personal Care	No					1 - 4 Years		43.3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.7	Under 65	1.7	More Than 4 Years		15.0
Day Services	No	Mental Illness (Org./Psy)	43.3	65 - 74	5.0			-----
Respite Care	Yes	Mental Illness (Other)	3.3	75 - 84	26.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	56.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	10.0	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	16.7		-----	RNs		8.9
Referral Service	No	Diabetes	3.3	Sex	%	LPNs		6.7
Other Services	Yes	Respiratory	3.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.7	Male	30.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	70.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	364	40	97.6	92	0	0.0	0	12	100.0	131	0	0.0	0	0	0.0	0	59	98.3
Intermediate	---	---	---	1	2.4	77	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		41	100.0		0	0.0		12	100.0		0	0.0		0	0.0		60	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
14.0		Bathing	0.0	61.7	38.3	60
Private Home/With Home Health		Dressing	21.7	48.3	30.0	60
0.0		Transferring	36.7	33.3	30.0	60
Other Nursing Homes		Toilet Use	25.0	41.7	33.3	60
23.3		Eating	66.7	20.0	13.3	60
Acute Care Hospitals		*****				
48.8		Continence	%	Special Treatments	%	
Psych. Hosp. -MR/DD Facilities		Indwelling Or External Catheter	8.3	Receiving Respiratory Care	10.0	
0.0		Occ/Freq. Incontinent of Bladder	48.3	Receiving Tracheostomy Care	0.0	
Rehabilitation Hospitals		Occ/Freq. Incontinent of Bowel	38.3	Receiving Suctioning	0.0	
0.0		Mobility		Receiving Ostomy Care	1.7	
Other Locations		Physically Restrained	0.0	Receiving Tube Feeding	1.7	
14.0		Skin Care		Receiving Mechanically Altered Diets	43.3	
Total Number of Admissions		With Pressure Sores	0.0	Other Resident Characteristics		
43		With Rashes	1.7	Have Advance Directives	85.0	
Percent Discharges To:				Medications		
Private Home/No Home Health				Receiving Psychoactive Drugs	55.0	
17.1						
Private Home/With Home Health						
12.2						
Other Nursing Homes						
2.4						
Acute Care Hospitals						
2.4						
Psych. Hosp. -MR/DD Facilities						
0.0						
Rehabilitation Hospitals						
0.0						
Other Locations						
7.3						
Deaths						
58.5						
Total Number of Discharges						
(Including Deaths)						
41						

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## Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities &amp; Compared to All Facilities

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	This Facility	Ownership: Peer Group	Ratio	Bed Size: 50-99 Peer Group	Ratio	Licensure: Skilled Peer Group	Ratio	All Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	82.7	1.21	85.1	1.18	84.3	1.19	84.6	1.18
Current Residents from In-County	45.0	82.1	0.55	80.0	0.56	82.7	0.54	77.0	0.58
Admissions from In-County, Still Residing	30.2	18.6	1.62	20.9	1.45	21.6	1.40	20.8	1.45
Admissions/Average Daily Census	71.7	178.7	0.40	144.6	0.50	137.9	0.52	128.9	0.56
Discharges/Average Daily Census	68.3	179.9	0.38	144.8	0.47	139.0	0.49	130.0	0.53
Discharges To Private Residence/Average Daily Census	20.0	76.7	0.26	60.4	0.33	55.2	0.36	52.8	0.38
Residents Receiving Skilled Care	98.3	93.6	1.05	90.5	1.09	91.8	1.07	85.3	1.15
Residents Aged 65 and Older	98.3	93.4	1.05	94.7	1.04	92.5	1.06	87.5	1.12
Title 19 (Medicaid) Funded Residents	68.3	63.4	1.08	58.0	1.18	64.3	1.06	68.7	0.99
Private Pay Funded Residents	20.0	23.0	0.87	32.0	0.62	25.6	0.78	22.0	0.91
Developmentally Disabled Residents	1.7	0.7	2.38	0.9	1.82	1.2	1.42	7.6	0.22
Mentally Ill Residents	46.7	30.1	1.55	33.8	1.38	37.4	1.25	33.8	1.38
General Medical Service Residents	16.7	23.3	0.71	18.3	0.91	21.2	0.79	19.4	0.86
Impaired ADL (Mean)	50.0	48.6	1.03	48.1	1.04	49.6	1.01	49.3	1.01
Psychological Problems	55.0	50.3	1.09	51.0	1.08	54.1	1.02	51.9	1.06
Nursing Care Required (Mean)	7.3	6.2	1.18	6.0	1.21	6.5	1.12	7.3	0.99